

Physician's Orders for Medication at WAPAC Kids Camp 2024

Patient's Name: _____

Medication should be sent to camp only when determined by both parent and physician that the medication is necessary for the patient to take at camp. It must be understood that the camp nurse can dispense this medication only as prescribed by the physician and with signed parent permission. WAPAC Kid's Camp accepts no responsibility for untoward reactions when the medication is dispensed in accordance with the physician's directions.

Is it necessary to dispense this medication during the week of camp? YES NO

If yes, please give diagnosis or reason: _____

Drug and dose form (e.g. tablet, capsule, liquid): _____

Dose and mode of administration: _____

Time(s) to be given: ___ breakfast ___ lunch ___ dinner ___ other ___ PRN

Side effects of drug (if any) to be expected: _____

Inhaler to be carried by student? YES NO

Physician Name: _____

Physician Signature or Stamp: _____

Date: _____ Phone: _____ Fax: _____

Parent's Permission

I request that the camp nurse dispense to my child, _____, the medication prescribed by _____ during the week of WAPAC Kids Camp, July 8th-12, 2024.

The medication is to be furnished by me in the original container labeled by the pharmacy or physician with the name of the medication, the amount to be taken and the time to be taken. The physician's name is on the label.

I understand that my signature indicates my understanding that the camp accepts no responsibility for untoward effects when the medication is administered in accordance with the physician's directions.

This authorization is good for the current year only. I will collect the medication after camp or understand that it will be destroyed.

I am the parent or legal guardian of the child named above.

Date: _____ Signature of Parent/Legal Guardian: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____